

MICHIGAN STATE HOSPITAL FINANCE AUTHORITY

APPLICATION FOR DISBURSEMENT

PLEASE NOTE:

If available, include the first page of the Contractors Application for Payment (AIA G702). The hospital should retain Sworn Statements, Waivers of Lien, invoices and checks supporting this disbursement since bond issues are subject to audit by the Authority or the IRS.

- A. The disbursement of funds will be by one wire or one check to the hospital. The check will be made payable to the hospital recorded below and sent to the address recorded below:

HOSPITAL NAME: _____

HOSPITAL ADDRESS: _____

NAME OF BANK: _____

ACCOUNT NUMBER: _____ ABA NUMBER _____

CONTACT AT BANK: _____

- B. CERTIFICATE NUMBER: _____

- C. AMOUNT OF THIS CERTIFICATE: \$ _____

- D. DETAIL OF PAYMENTS TO BE MADE - Please complete page two.

- E: **Send to the Michigan State Hospital Finance Authority this Application for Disbursement and a signed Requisition Certificate from the Loan Agreement or Bond Indenture:**

By FAX	(517) 241-9509
By U.S. Mail	P. O. Box 15128, Lansing, Michigan 48901
By Express Mail:	430 West Allegan, Lansing, Michigan 48922

D. **DETAIL OF PAYMENT TO BE MADE:** Enter the amount of the total payment that should be charged to the respective project categories. The total of all project category amounts should equal the total disbursement amount.

100	Construction	\$ _____
200	Equipment	\$ _____
300	Architect	\$ _____
405	Bond Counsel	\$ _____
410	Hospital Counsel	\$ _____
415	Accounting	\$ _____
430	Official Statement Printing	\$ _____
435	Notices/Publications	\$ _____
440	Rating	\$ _____
445	Miscellaneous	\$ _____
450	Bond Printing	\$ _____
455	Paying Agent	\$ _____
460	Verification Report	\$ _____
465	Title Insurance	\$ _____
470	Survey	\$ _____
500	Contingency	\$ _____
600	Refinance/Payoff	\$ _____
700	Real Estate Purchase	\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
	(should equal Item C, Page 1)	\$ _____